



**City
of
Milwaukee**

ccl-264 (03/04)

24 HOUR ESTABLISHMENT LICENSE INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

DEFINITION: 24-hour establishment shall mean any convenience store, filling station, personal service establishment or restaurant open at any time between the hours of 12 a.m. and 5 a.m.

LICENSE PERIOD: Annual, May 1 thru April 30

APPLICATION: Apply at City Clerk License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202, telephone (414) 286-2238.

FEE: The \$190.00 license fee **must be submitted with application**. Checks made payable to the City of Milwaukee.

EXEMPTIONS: No license is required for premises holding a Class "B" alcohol beverage license open during those hours which Class "B" premises may be open.

REFUNDS: In the event of license denial or withdrawal of the application by the applicant, \$50.00 of the application fee shall be retained for administrative and processing costs. Requests must be made within one year and please allow four to six weeks from the date of your request for processing.

SIGNATURES: Notarized signature of the individual, all partners, an officer of a corporation, or member of a LLC are required.

REQUIREMENTS:

Applicants must be 18 years of age.

Individual applicants, partners, or the agent of a Limited Liability Company or Corporation must be residents of the state of Wisconsin.

The applicant shall file a copy of a valid occupancy certificate with the license application. An occupancy permit may be obtained from the City of Milwaukee, Development Center, Permit Desk, 809 N. Broadway, 1st floor, (414) 286-8211, <http://www.mkedcd.org/build/pdfs/occert.pdf>.

Contact the Health Department, 841 N. Broadway, telephone (414) 286-3674 to check on any licenses you may need.

FINGERPRINTS: All applicants (including partners, the agent of the corporation or LLC) whose fingerprints are not on file with the Milwaukee Police Department must be fingerprinted. Report to the Police Administration Building, 951 N. James Lovell St. (7th St), Room 305 to be fingerprinted. If you are an out of town resident, call (414) 935-7281 to receive information regarding how to comply with the fingerprint requirement.

REPORT CHANGES: Whenever a fact set forth in the application changes, the licensee shall file a written notice of the change with the License Division within 5 days of the change.

GRANTING OF LICENSES: Licenses are granted by the Common Council. Please allow 5-6 weeks for processing.

ORDINANCES GOVERNING 24 HOURS ESTABLISHMENTS ARE LOCATED IN SECTIONS 84-7 and 295 OF THE MILWAUKEE CODE OF ORDINANCES AND MAY BE VIEWED ONLINE <http://www.ci.mil.wi.us/ctygov/council/isysintro.htm> or purchased from the Legislative Reference Bureau in City Hall, Room B-11.



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24 HOUR ESTABLISHMENT APPLICATION

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Any incomplete application or application submitted without the required fee will be returned. Checks should be made payable to the City of Milwaukee. Return to above address.

Check one: ☐ Individual or ☐ Partnership (Fill out Section A, B, D & E)
☐ Corporation or LLC (Fill out Section B, C, D & E)

Section A	<u>INDIVIDUAL OR PARTNERSHIP:</u>		
	Full Name (Last, First & Middle Initial)	Full Name (Last, First & Middle Initial)	
	Home Street Address:	Home Street Address:	
	Home City, State, Zip Code:	Home City, State, Zip Code:	
	Home Phone Number: () -	Home Phone Number: () -	
	Date of Birth:	Date of Birth:	
Section B	<u>Business Name:</u>	Business Phone Number: () -	Aldermanic District:
	Business Address (include City, State, Zip Code):		
	Building Owner Name:		
	Building Owner Address (include City, State, Zip Code):		
	Has the application previously been permitted/licensed to conduct a 24-hour establishment in the City of Milwaukee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list address:		
Section C	<u>Full Name of corporation, limited liability company, club or association:</u>		
	Address, if different from business address (include City, State, & Zip Code):		
	<u>Agent Or Local Manager:</u>		
	Full Name (Last, First & Middle Initial):	Home Street Address:	
	Home Phone Number: () -	Home City, State, Zip Code:	
	Stockholder <input type="checkbox"/> Percentage of Stock %	Date of Birth:	
	<u>President/Member</u>		
	<u>Vice President/Member</u>		
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):	
	Home Street Address:	Home Street Address:	
	Home City, State, Zip Code:	Home City, State, Zip Code:	
	Home Phone Number: () -	Home Phone Number: () -	
	Date of Birth:	Date of Birth:	
Stockholder <input type="checkbox"/> Percentage of Stock %	Stockholder <input type="checkbox"/> Percentage of Stock %		

OVER

10/28/2003

Section C Continued	<i>Secretary/Member</i>		<i>Treasurer/Member</i>	
	Full Name (Last, First & Middle Initial):		Full Name (Last, First & Middle Initial):	
	Home Street Address:		Home Street Address:	
	Home City, State, Zip Code:		Home City, State, Zip Code:	
	Home Phone Number: () -		Home Phone Number: () -	
	Date of Birth:		Date of Birth:	
	Stockholder <input type="checkbox"/> Percentage of Stock %		Stockholder <input type="checkbox"/> Percentage of Stock %	
	List any additional stockholders owning 20% or more stock:			
	Full Name (Last, First & Middle Initial):		Full Name (Last, First & Middle Initial):	
Home Street Address:		Home Street Address:		
Home City, State, Zip Code:		Home City, State, Zip Code:		
Home Phone Number: () -		Home Phone Number: () -		
Date of Birth: Percentage of Stock %		Date of Birth: Percentage of Stock %		
Section D	List all applicant convictions, including ordinance violations. Include the jurisdiction where they occurred. Do not list traffic violations.			
	Attach additional pages if necessary.			
Section E	Read carefully before signing: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to the law and that the rights and responsibilities conferred by the license, if granted, will not be assigned to another.			
	The undersigned agrees to inform the City Clerk within five days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.			

Office Use Only:

Initials: Filed: AD: License #: Granted: Issued:



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PLAN OF OPERATION – 24 HOUR ESTABLISHMENT

OFFICE OF THE CITY CLERK LICENSE DIVISION

200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202

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To be completed by the individual, a partner, or officer/member of a corporation/LLC.

Business Trade Name:

Name of Corporation/LLC:

Premises Address:

Day of Week	Current Hours of Operation: i.e. 8:00 A.M. to 1:30 A.M. or 24 hours	Proposed Hours of Operation: i.e. 8:00 A.M. to 1:30 A.M. or 24 hours	Number of Patrons Expected:
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

What are your plans for security at the premises?

What are your plans to ensure the orderly appearance and operation of the business with respect to:

Litter: _____

Noise: _____

For Restaurant Only, Legal Occupancy Limit / Capacity:

For Restaurant OR Personal Service Establishment: Number of Off Street Parking Places _____

What other licenses does the applicant hold?

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ day of _____, 20 ____

Applicant's Name: _____
(Please Print)

Notary Public Signature _____

Applicant's Signature: _____

My Commission expires: _____

Office Use Only: Initials _____ License # _____ Filed _____ Granted _____ Issued _____